



UNDERSTANDING LICHEN PLANUS THROUGH AYURVEDA - A CASE STUDY

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ABSTRACT

Lichen planus is a chronic inflammatory T cell mediated immune disease frequently affecting skin. The prevalence of this disease is more in the society nowadays. The unwholesome habits in food, increased use of drugs, immunity related factors, trauma, food allergies etc may be the etiological factors. . Ayurveda is correlating Lichen planus to kitibha kuṣṭha, in which kuṣṭha is a wide term using for skin diseases. This case study is dealing with the concept and effective management of lichen planus from the purview of ayurveda . A 30 year old female with severe itching and flat topped purplish black papular lesions almost all over the body except face was well managed with ayurvedic treatment protocol.

KEYWORDS: Lichenplanus, kitibhakuṣṭha, Dūṣiṣa, Mithyāhāra vihāra

INTRODUCTION

Lichen planus is a chronic inflammatory and immune mediated disease which frequently affects the skin, nails, hair, and mucous membranes. Cutaneous lesions typically present as small (2 mm) pruritic, white to violaceous flat-topped papules, which may increase the size to as much as 3 cm. They commonly affects bilaterally the flexor surfaces of the extremities¹. “Pruritic, Purple, Polygonal, Planar, Papules, and Plaques” are the traditional 6 “P’s” of LP².

The disease was first described by Erasmus Wilson in 1869 as lichen planus. A clear and detailed description of the peculiar striae and dots found on the surface of a lichen planus papule was given by Louis Frederic Wickham in 1895 and are referred in his name as “Wickham’s Striae”. LP is a disease of the middle aged and elderly with ages ranging from 30-70 years predominantly¹.

As many skin conditions, LP is also having a high psychosocial burden for affected ones and advances in the understanding of the pathophysiological mechanism, identification of relevant therapeutic targets and development of new therapeutic approaches are necessary³.

Various factors have been implicated in the etiology of this disease like , Genetics, Psychological factors, Dental materials, Drugs, Trauma, Infectious agents, Diabetes & hypertension ,Immunology, Food allergies etc¹.

Lichen planus is an idiopathic disease and its pathogenesis is not fully understood, but it appears to represent a T-cell-mediated autoimmune disease. The prevailing theory is that exposure to an exogenous agent (virus, drug, or contact allergen) causes alteration of epidermal self-antigens and activation of cytotoxic CD8+ T cells. The altered self-antigens cross-react with normal self-antigens found on basal keratinocytes resulting in T-cell targeting cytotoxicity and apoptosis of basal keratinocytes and then reduced keratinocyte desquamation and enhanced membrane adhesion, hyperkeratosis at the site of antigen stimulus which may leads to the manifestations of LP. Clinically we recognize three major subtypes: cutaneous LP (CLP), mucosal LP (MLP) and LP of the scalp (lichen planopilaris,

LPP). We can see the nail LP also along with these².

Skin biopsy and microscopic analysis, dermoscopy allows visualization of Wickham striae in most cases. direct immunofluorescence to histology. Treatment is aimed at reducing pruritus and time to resolution .Oral steroids, topical steroids, steroid injections are the choices⁴.

Ayurvedic view

In Ayurveda, ācāryās have described so many types of kuṣṭha, Carakācārya explained 18 types of kuṣṭha in Caraka Samhita., one among them is kitibha. The term 'Kitibha', means something that resembles the colour of Lice or a Bug and very ugly to look as like it is Varāha or pig. Itching is like that of lice or bug bite and the colour resembling to them, the name Kitibha might have been given by our Acārya. Due to its resemblance in signs and symptoms, Lichen planus seems like Kitibha Kuṣṭha⁵. Kitibha Kuṣṭha is vāta and kapha doṣa predominant condition in class of Kṣudra Kuṣṭha which has lakṣanas like śyāva, Kina khara sparṣa, kandu and paruṣa⁶. The vitiated doṣa affects the skin and its blood circulation affecting the moisture of the tissue. Affected skin therefore becomes discoloured and thick⁵. Āyurvedic texts have described general causative factors (Sāmānya Nidāna) for all types of Kuṣṭha-Viruddha Āhara, Athi Snigdha Guru Āhara, Mithya Āhara and Vihāra, Vegarodha are some of the Nidānas⁷. The unique concept of Agadtantra - Dūṣiṣa and Gara Viṣa also play a major role in the pathogenesis of Kitibha Kuṣṭha. The name itself indicates its Dūṣana Swabhāva ie. inside the body it may vitiate Dhātu. It is not a type of poison, it is a transformable state or latent stage which a poison can attain. According to Cakrapānidata, Gara Viṣa is a combination of Saviṣa and Nirviṣa Dravyās. According to Ācārya Caraka, Gara Visa is a Samyogaja Viṣa (artificial poison) which exerts toxic effect after an interval. It does not kill the patient immediately but may affect the metabolism and leading to multisystem failure. It may takes long time to digest. The impairment of jadarāgni and dhatwagni can be suspected⁸.

To reverse its Samprāpti Ghatakas, vitiated Vāta and Kapha are

to be brought under control and impaired Twak(skin) should be normalized. Dūṣita Rakta should be purified, Virecana adopted with Laghu Āhāra helps for Rakta Sudhi. Keeping these principles in mind, Samanya Kushta Roga Chikitsa, gara dūṣiṣā chikitsa, Koṣṭa Shodhana, and administration of śamana ouśadhis along with pathyāpathya were selected for the present case⁸.

Case Report

A female patient of 30 years residing at bangalore came to the clinic, was suffered from LP since 10 years. The purplish black flat topped papules were present on lower limbs, upper limbs, thighs and back with severe itching especially at night. It will increase on the intake of curd, okra, and alcohol (She was frequent alcohol user). Her skin type was dry and had to apply moisturizing lotions every day after shower. She was psychologically down due to this condition. She was under steroids for a longer time and in need of a permanent solution.

No relevant History of past illness contributing to the current condition of the Patient noted and no history of Diabetes Mellitus or Hyper tension . No history of skin diseases from the family side.

Clinical findings

The purplish black flat topped Papular lesion were present on abdomen, both flexor and extensor aspects of lower limbs and upper limbs, thighs and ventral aspect of the body.

Hb - 13mg/dl

ESR -16mm/hour

Rest other system findings also normal

Samprapti ghatakas

- Doṣa - Vāta - Vyāna Vāyu, Kapha, Pitta - Brājaka Pitta
- Dūṣya - Rasa, Rakta, Māmsa, Lasikā
- Āma – Jadarāgnijanya āma
- Agni - Jatarāgnijanya
- Srothas - RasaRaktaMāmsaUdakaSwedavaha Srotas
- Srothoduṣṭi Prakāra - Sanga
- Roga Mārga - Bāhya
- Udbhava sthana - Āmāṣaya
- Vyākṛtasthāna - Twak

Spicy foods, junk foods, exposure to cold air, Divaswapna, stress (Āhāraja-Vihāraja-Mānasika nidānas) may vitiate Jatarāgni and dhātwaṅni, formation of Āma leads to Tridoṣaduṣṭi along with Twak, Rakta, Māmsa, Lasikā and gets Sthānasamśraya in Twak with Kandū leading to Kitibha Kuṣṭha.

MATERIALS AND METHODS

DATE	MEDICINES	CHANGES
1/8/22	<ul style="list-style-type: none"> • Drākṣādi Kaṣāya⁹ +Gulūcyādi Kaṣāya¹⁰ 10 ml from each Kashaya in 3times lukewarm water twice daily one hour before food • Āragwadhāriṣṭam¹¹+Khadirāriṣṭam¹²- 30 ml twice daily after food • Psorakot tab (AVS,Kottakkal) one each twice daily after food • Dūṣiṣāri agada¹³ -one each twice daily after food • Triphala chūrnam¹⁴+ Nimba churna¹⁵-10 gm powder in one litre water boil ,sieve,and washing • Avipathi churna¹⁶ -5 gms in lukewarm water at bedtime daily • Vaiśwānara chūrnam¹⁷-5gm with buttermilk before 5 minutes before food in the afternoon for 7 days • Manjiṣṭhādi thaila¹⁸-External application • Neemi cream (Trio healthcare Pvt Ltd)-external application 	<ul style="list-style-type: none"> • Itching considerably reduced • No growth of new bumps

23/8/22	<ul style="list-style-type: none"> • Manjiṣṭhādi Kaṣāya¹⁹ – 15ml kashaya+3 times lukewarm water twice daily one hour before food • Āragwadhāriṣṭam+Khadirāriṣṭam 30 ml twice daily after food • Psorakot tab(AVS,Kottakkal) one each twice daily after food • Dūṣiṣāri tab -one each twice daily after food • Avipathy chūrnam- 10gms in lukewarm water at bedtime • Manjiṣṭhādi thaila-External application 	<ul style="list-style-type: none"> • Less itchy than before
15/9/22	<ul style="list-style-type: none"> • Dūṣiṣāri tab - one each twice daily after food • Manjiṣṭhā tab -one each twice daily after food • Avipathy churna-10 gms in lukewarm water at bedtime once per week • Manjiṣṭhādi thaila-External application 	<ul style="list-style-type: none"> • Itching fully pacified • Lesions healed completely • Lesion marks present
10/11/22	<ul style="list-style-type: none"> • Manjiṣṭhā tab- one each twice daily after food • Avipathy churna-10 gms in lukewarm water at bedtime once per week • Manjiṣṭhādi thaila-External application 	<ul style="list-style-type: none"> • Marks were fading
15/12/22	<ul style="list-style-type: none"> • Stopped all the medicines 	<ul style="list-style-type: none"> • Relieved all the symptoms

Result: Better reduction in discolouration and itching



DISCUSSION

Vaiśwānara chūrnam helps in Dīpana pācana hence the jadarāgni and dhātwaṅnimāndya may be resolved. Avipathi churna had given for the virecana⁸. The *Virecana Dravya* spreads throughout the body in blood and cellular level due to its pharmacological properties. *Virecana* is a procedure one can practice comfortably, it will pacify the vitiated pita and expect good response in *Kitibha Kuṣṭha* and also other Skin manifestation.⁸ Suitable samanoushadhis were given . Drakshadi Kashaya is jwaraghna (jwaracikitsa is the base of all treatment), raktaprasādana, malānulomana. Gulūcyādi Kaṣāya is PK samana, raktaprasādana, dīpana pācana, kuṣṭhaghna and varna prasādana. The drugs are thiṭṭapradhāna and can be useful in skin diseases. Āragwadhāriṣṭa is having laxative property a good blood purifier and twacya. Khadirāriṣṭa is raktasudhikarāna, pācana dīpana ,malānulomana and viśahara. Dūṣiṣāri agada helps to counteract the toxicity metabolism and providing hepatic protection. Triphala cūrnam is kledamedokanduhara and usually using in many skin diseases. Nimba can be used to pacify itching. Manjiṣṭhādi Kaṣāya is kuṣṭhaghna, kandughna and raktaprasādana. Manjiṣṭha is also kuṣṭha kandughna and rakta sodhaka, varna prasādana. Psorakot tab also containing the drugs for the skin conditions²⁰.

Nidāna Parivarjana helps to prevent the further progression of the disease, by restricting vitiation of Doṣa. Pathya Apathya

described for Kuṣṭha advised here also helped to correct the jadarāgni and dhātvaṅni, and to correct the raktaduṣṭi⁸. This all treatment normalizes the vitiated Doṣas.

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CONCLUSION

Lichen planus is a chronic inflammatory diseases which can be correlated with kitibha kushta in ayurveda by its symptoms. This case study helps to understand that, the correction of agni, continuous virechana, wholesome diet and samanoushadhas are helpful to relieve the symptoms and a cure is possible for these types of skin conditions through ayurveda.

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